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AUTHOR Crews, Kimberly A.
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ABSTRACT

This instructional packet consists of an essay, a wall poster, and a teacher's guide that provide information and statistics about teenage parents throughout the world. The purpose of these materials is to give junior high and high school students an overview of the health, social, psychological, economic, and demographic effects of teenage childbearing and subsequent parenting from a global perspective. The essay contains pre-reading questions, a discussion of major global trends and social issues affecting teenage mothers, illustrative case studies, a glossary, three worksheets with perforated edges for easy removal, and a list of books and other publications for additional research and reference. The wall poster, "Teen Mothers: Global Patterns" contains five comparative data charts showing: (1) increases in the number of females aged 15-19 in the world, less developed countries, and more developed countries; (2) marriage and childbearing statistics for women ages 16 and 20 in Africa, Latin America, and South Asia; (3) low birth weight babies in the United States; (4) percentage of teenage mothers returning to school after giving birth in Jamaica; and (5) percent of all births to women under age 20 in selected countries. It also provides a demographic table showing the population of females, teenagers, and young mothers in every nation in the world for which these figures are available. (TE)

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Teenage Parents

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A Global Perspective

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Production Assistant: Martha Herr
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June 1989

PRB

Teenage Parents: A Global Perspective

Sharon, her brother John, and her friend Yolanda sat in front of the television in Sharon's home. Sharon impatiently switched the television channels looking for something "good" to watch. A young pregnant girl flashed onto the screen. "Great," said Sharon sarcastically, "Another show about teenage pregnancy."

"I don't think so," said Yolanda. "Look, she's married. There is her husband. She must be older than she looks."

They watched the show for a while. As it progressed, they realized it was a documentary about a village in India. The girl on the screen was a teenager the same age as Sharon and Yolanda, about 15. Her parents had arranged her marriage when she was 8 years old, and she had married her husband when she was 13. Her first child was 18 months old, and she was 6 months into her second pregnancy. Both sets of grandparents were happy about the pregnancy. They hoped she would have a boy.

"My mother would never want me to get married so young and have children," said Yolanda. "And she would kill me if I ever got pregnant. That is just so unreal. I can't relate to it."

"Yeah," agreed Sharon, "I'll change the channel."

Global Trends

1. Is the proportion of teenagers having children increasing or declining in the U.S.? Other countries? The world?

Teenage parenting is not new. In fact, the proportion of teens having children is actually declining. Yet, teenage childbearing and parenting issues are gaining more attention worldwide. This is now a growing concern for the health, social, and economic welfare of teen parents and their children.

Issues important to all teenage parents, both married and unmarried, will be addressed in this essay. These issues will vary from city to city, country to country, and region to region. ("Teenage parents" are defined as all parents under the age of 20, although most teen parents are over age 15.)

In most developed* countries, births to teenage mothers have been declining since the late 1960s and early 1970s. In the 1980s teen birth rates were highest in the Eastern European countries and lowest in Japan (see Table 1). After the Eastern European countries, the United States has the highest rates. In most other developed countries, less than 5 of every 100 teenage women had a birth last year.

Rates of teenage birth vary greatly among developing* countries. In the late 1970s and early 1980s they ranged from less than 5 births per 100 teenage women in a few countries to more than 20 per 100 in some African nations. Births to teenagers are declining in most developing countries.

*See glossary for definition.

Table 1. Births to Women Under 20: Selected Countries

Region	Percent of Women Under 20 Having A Birth Each Year: 1970s	1980s
Africa		
Liberia	13.6	18.4
Mauritius	6.0	3.7
Mali	21.9	20.1
Senegal	16.5	15.9
Tunisia	6.5	3.5
Asia		
Indonesia	11.7	7.5
Israel	4.4	3.5
Japan	0.5	0.4
Pakistan	14.1	10.4
South Korea	2.2	0.6
Thailand	6.5	5.2
Latin America		
El Salvador	15.0	14.9
Costa Rica	11.0	10.0
Mexico	9.5	8.0
Brazil	5.8	8.1
Colombia	5.4	7.8
Peru	8.6	7.9
Europe and the US		
Bulgaria	7.5	7.8
Denmark	2.6	1.0
France	2.8	1.2
Poland	3.0	3.5
Spain	1.6	2.1
USSR	3.5	4.4
US	5.8	5.2
Oceania		
Australia	4.5	2.7
New Zealand	6.1	3.1

Source: United Nations and major fertility surveys.

The Role Teenagers Play in Society

1. Why is teenage parenthood seen as a problem in some countries and not in others?
2. How are teenage parenting issues in India, the United States, and other countries similar? How are they different?

Mark Edwards/Still Pictures

A young mother in Bangladesh.

In many cultures—past and present—the transition from childhood to adulthood is brief. Women marry at an early age. Some marry as soon as they are physically able to bear children. In these cultures marriage and parenthood are expected of young women who have reached puberty. Carrying on the family bloodline is an important tradition. With marriage and childbearing come the responsibilities of adulthood.

Life is different in today's developed countries (such as the United States, England, and Canada) and in cities in developing countries. The transition from childhood to adulthood is longer. Young people who have reached puberty are not considered self-sufficient adults. A lengthy period of education is considered necessary to prepare young people to be successful and self-sufficient. In these societies, formal education and highly skilled jobs are valued. Less emphasis is placed on carrying on the family line and having large families.

Because of these differences, the expectations of teenagers vary from society to society. Family and community reaction to early childbearing depend on their expectations for the youth in that society. There are two basic categories into which expectations fall.

Some countries' (Bangladesh, India, and Mali, for example) local customs encourage child marriages. Usually the bride is much younger than the groom. It is expected that the young couple will have children. When the wife has a child, she gains the respect of the community and her family. Her status and responsibility within the household improve.

The expectations for young adults in industrial societies are different. Generally young people are expected to attend school until about age 18, and then attend college or begin working. Teenage childbearing usually occurs out of wedlock. It may put psychological and economic pressure upon the teen parents, the family, and society. Early childbearing is usually seen as a threat to a young person's future.

Teens in urban areas in developing countries often face expectations similar to those of teens in developed countries. They are expected to attend school and gain skills to be successful in a modern society. When teens have children outside of marriage they may miss educational opportunities. This may limit career advancement. Teen parents are seen as a disgrace

Case Study 1.

Pusaiya and Ramkali from India.

Pusaiya and Ramkali are two women among the many thousands who are working as manual laborers on construction sites in India....Pusaiya thinks she must be around 17 or 18 years old as she has two children, while Ramkali with three children thought she would be around 20. "I got married when I was this high" said Pusaiya, indicating a point above her knee. "We all get married young," concurred Ramkali. "I was very small and don't remember much about it."

What about her children, I asked. Would it not be different for them? "Oh, no," she laughed. "Look at Sarojini here. She is six years old, and she got married in May." Sarojini, her daughter, looked tongue-tied, and hid behind her mother.

"She will go to her in-laws after about eight years, when she is around 14, the same age as I did," said Pusaiya. Was life not difficult, going into an unknown house at such a young age, very often at the mercy of a tough and demanding mother-in-law? "But surely, that's life," said Pusaiya. "We have all had to face our husband's families, and we have survived, so why should Sarojini be any different?..."

Excerpted from *People*, International Planned Parenthood Federation, Volume 12, Number 1, 1985, page 7.

to their families and societies. They are often made fun of and discriminated against. Expectations for rural teens in these countries, however, may follow the more traditional pattern.

The expectations of the society in which the teen parent lives will greatly affect her/his life. The social and family setting are likely to affect the emotional development of the teen parents and their children.

Some issues of teenage childbearing are similar in all societies. Health is important to the teen mother and her child. Problems with pregnancy and delivery are higher among teens than among women in their twenties. Children of teen mothers often have more health problems than other children. Choices about education made during the teenage years will affect lifetime career chances and income. The demographic impact of early childbearing is also important: Teenage childbearing can affect the population growth of the local community, the nation, and the world.

Health

1. How does early childbearing affect the health of the teen mother?
2. Do children of teen mothers have special health concerns?

Pregnancy and childbearing may have serious health implications for teenage mothers. The teenage years are usually one of the healthiest times in a young woman's life. But teen mothers tend to suffer more pregnancy and delivery problems than women aged 20-34. Medical problems related to pregnancy are the main cause of death among 15-19 year-old females worldwide.

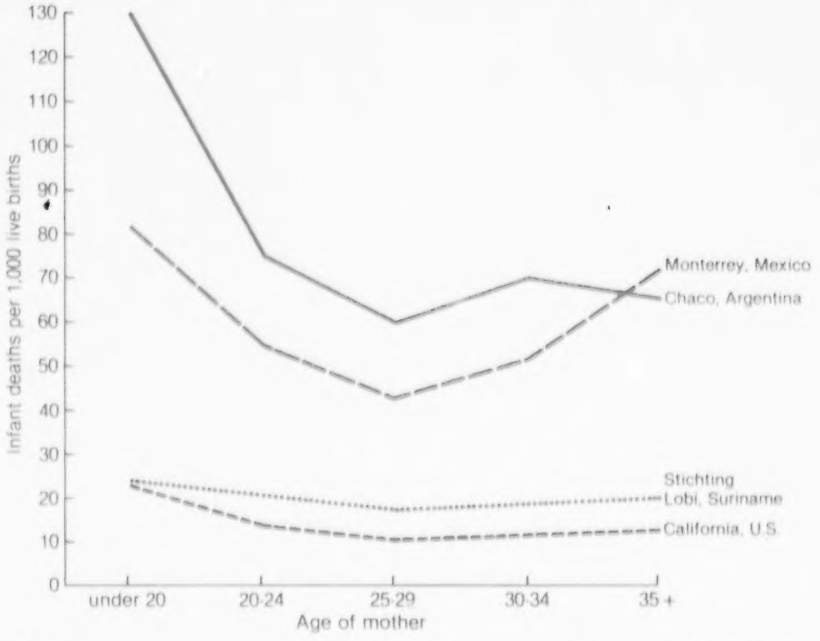
The health problems for the pregnant teenager may include:

- high levels of toxemia (blood poisoning);
- anemia (lack of hemoglobin in the blood causing tiredness and loss of appetite);
- bleeding;
- long and difficult labor;
- premature delivery; and
- death.

In Canada, pregnancy-related death rates are twice as high among teens than for older women. Health problems tend to be more serious among younger teens; this is because the body (particularly the pelvis) is not fully grown when a girl reaches puberty. In England, the pregnancy-related death rate among girls under 16 is four times the rate for all women.

Babies of teen mothers also face health risks. Babies born to women under age 20 are more likely to have low birth weights or to be premature. They are also more likely to be stillborn, or to die within a month after birth. Premature or underweight babies have a greater chance of suffering from developmental problems such as mental retardation, cerebral palsy, and epilepsy. Children of teen mothers have higher death rates in infancy and childhood than other children (see Figure 1). Many babies may suffer from these problems, but the risk is greater for children born to teen mothers. Mothers under 17 are more likely to have children with serious health problems than mothers age 18-30.

Figure 1. Mother's Age and Infant Mortality



Poverty and poor living conditions increase the risk of illness among teen mothers and their children. Many problems are due to poor prenatal care and nutrition. The mother's actual age may not be as important as the fact that teens are less likely than older women to seek prenatal care. Or they wait until long into the pregnancy before doing so. The reasons that teens do not use prenatal services are:

1) they do not want to believe that they are pregnant;
2) they do not know about health care;
3) they can not afford health care;
4) they are too embarrassed, guilty, or ashamed to seek help;
5) there are no accessible health services; or
6) the available health services do not meet the special needs of teenagers.

In short, teen mothers may not know enough about health to keep themselves and their child healthy.

Case Study 2.

Rose Patrick Udoh, 16, of Nigeria became a mother at 12.

"I have two children already and the third is on the way. I do not have a husband. I have never been married; I am 16 years old. ...I never wanted my life to be like this. I had wanted to be a nursing sister. I love independent ladies with good jobs and who can speak on television and so on. I thought I would be like them. I did not know that fate would change my dreams....When I became pregnant my daddy yelled at me, cursed me and said I should leave his home. I felt so bad and devastated....I remember overhearing my father when he explained...that I have been such a big disappointment..."

"So I left the house and stayed with relations until I had the baby...It was almost two years later that my parents found me. It was a very moving re-union. But my father maintained his resentment. Somehow, the ordeal of childbirth and the travails of the crisis-laden months of pregnancy made me a tough girl, aggressive and strong. But, unfortunately, I still misplaced my priority. I don't think it was of my own making. I mean, going back to school, picking up the broken pieces of my life and mending it seemed an impossible task.

"How could I leave the baby and go to school or learn any kind of vocational job? No one told me that I could still go back to school. Everybody was hostile and I thought that it was the end of the world. I folded my arms. I didn't bother to think about the future. I was made to believe that having a baby was the end of the road. So, all my interest was on the baby whom I have grown so fond of. But money was hard to come by. No money to take care of myself or the baby..."

Excerpted from *Newswatch* magazine, January 26, 1987, Nigeria.

Psychological and Social Issues

1. What social problems might teen parents face?
2. How might childbirth affect the teen parent's psychological development?
3. Do the children of teen parents face different social and development problems than do children of older parents?

Young mothers may have problems adapting to being a parent. This adaptation period may be easier when the teen mother is married. In these cases she has the emotional and sometimes the financial support of her husband and extended family. It is harder when the mother is single. She may face psychological and emotional problems as she adjusts to motherhood.

Teen fathers may also face a difficult adjustment period. They are often left out of the decision-making process, particularly when the couple is unmarried. When the father does take part in raising the child, he may feel unable to fully meet the financial and the emotional needs of the mother and child.

In many developing urban areas there has been a social change. The extended family system (aunts, uncles, grandparents, etc.) used to provide for all children. But today's single mother often bears the burden of raising a child on her own. In many countries, communities frown upon early and out-of-wedlock parenthood. The mother and her family often face rejection and discrimination.

The children suffer as well. There are many cases of neglect and abandonment of children of teen parents in African cities. Young parents in many societies experience guilt or ill feelings toward their child. This may be expressed through anger, abuse, or rejection. The children often face social discrimination if they are born out-of-wedlock.

Often the children of teen parents have trouble learning. Their social, emotional, and intellectual growth may be behind that of other children. Boys are more likely to fall behind than girls. The problems appear to be greater when the teen mother raises the child on her own. When there is help from family or the father, problems tend to be less severe.

Education and Occupation

1. Do teen parents have the same educational and job opportunities as other teenagers?
2. How might the decision to become a teen parent affect the rest of a person's life?
3. Are the consequences the same for the teen mother and teen father?

Teenage parents often drop out of school. Sometimes both parents leave school. But most often, it is the mother's education that is cut short. When young people quit school, they limit their job choices. This may affect their lifetime job opportunities, which will in turn affect their lifetime earnings. In other words, their decision to leave school may affect the rest of their lives.

Teenage parents in many countries may not have a choice about

Many teen parents drop out and never return to school.

continuing school. In Nigeria, other African, and Caribbean countries a girl may be expelled from school if she becomes pregnant. These girls may not be allowed to return to school. In many developing countries, where families often struggle to pay for their children's education, it is very painful when they are expelled.

Teen mothers often leave school even when they are allowed and encouraged to stay. Many can not afford to continue their education. Others do not have the necessary psychological support and access to services (such as babysitting) to raise a child and go to school at the same time.

Teen fathers are also likely to drop out of school in many countries. In Nigeria, as well as other countries, teen fathers may be pressured to quit school and/or marry sooner than expected. Like the mothers, these young men are likely to have limited job choices. Their future earning power is likely to be reduced.

Unmarried teen mothers (sometimes with support from their family) often end up raising children on their own. This usually occurs in cities in developing countries and more developed countries. In more developed countries, the government provides financial assistance to these young mothers. However, in most developing countries this support does not exist. The teenage girl and her family pay all the costs of raising the child.

Young mothers often find themselves caught in a poverty trap. The costs of raising a child are high. Some mothers receive financial assistance, but this provides a very low income. However, most lack the education, training, and skills to get a good full-time job. If they take low-paying jobs, most of the income is spent on child care. In some countries assistance is cut if the mother takes a part-time job; so it is usually not beneficial for the mother to do so. A low income often means poor nutrition for both mother and child. They may live in poor housing. The mother has little money to spend on luxuries and fun. Many women overcome these disadvantages, but many remain in poverty for much of their lives.

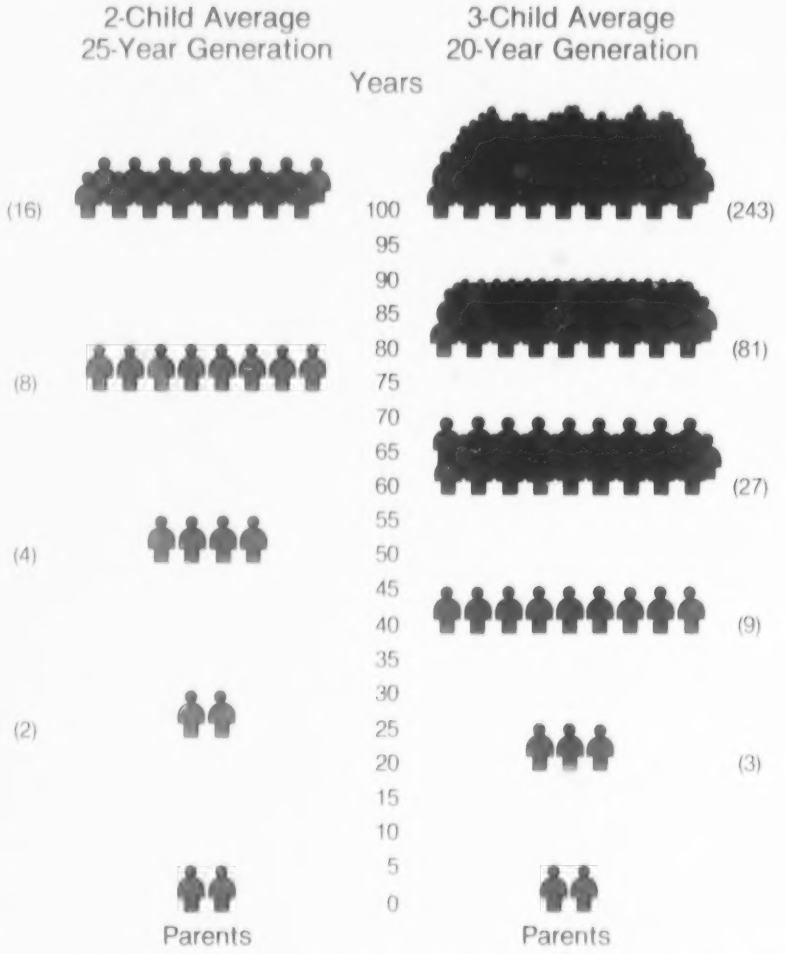
The Effect of Teen Childbearing on Population Growth

1. Are women who begin childbearing as teens more or less likely to have larger families than women who begin childbearing later?

Family size often affects the rate of growth of a society's population. In most societies, children are born and raised in a family setting. Therefore, a society's population can be examined by looking at the families that make up the society. Changes, even small ones, in average family size can have a huge impact on the growth of a population.

Studies from many countries show that families started by younger parents are likely to be larger than those started when the parents are older. The impact of the larger families continues for

Figure 2. How Family Size and Time Between Generations Affect Population Growth



The diagram above illustrates how family size and time between generations affect population growth. The couples in the family on the left side of the chart average two children, generation after generation. The women in that family begin childbearing after age 25. After 100 years, this family's fifth generation will consist of 16 children. The couples on the right average three children every 20 years. After 100 years, this family's *sixth* generation will have 243 children.

several generations. Each birth represents more than just one additional human—it is also a new mother or father who will produce her or his own two, three, or four children.

Children born to teenage parents may have an even greater impact on a society's population. These children are more likely than other children to become teenage parents themselves. So they will also be more likely to have large families and their children more likely to have large families.

As early childbearing continues for several generations, another pattern appears. The time between each generation is shorter than it is among families where childbearing occurs later (after age 20). Not only are the families likely to be larger, the time between generations is shorter; more people are being added in a shorter period of time (see Figure 2).

Current trends show that the proportion of teens having children is declining all over the world. But the total number of young people aged 10-19 is projected to increase into the 21st century (see Figure 3). In some countries, mainly those in Africa, teens make up 20 to 25 percent of the population. Teen parents, even if they make up only a small proportion of the population, could have a large demographic impact.

Case Study 3.

A Story from the United States

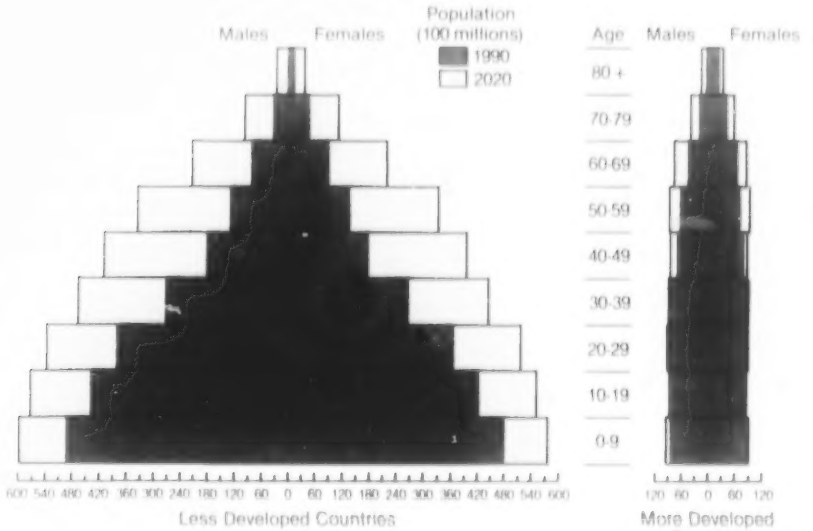
Karen is 17. Her son Chris is one year old. She didn't think being a mother would be that hard. She didn't realize the responsibility of caring for a child 24 hours each day.

Karen considers herself lucky. Her parents help her care for her son. Her mom watches Chris while she goes to school. Karen tried to send Chris to day care, but it was too expensive. She had to drop out of high school for awhile when she first had the baby, so now she's a year behind her friends. She says it doesn't matter because she doesn't have much time to spend with them. Just going to school and taking care of the baby take all her time. When she gets home, she takes care of the baby, washes his clothes, and does her homework. Sometimes he wakes up in the middle of the night. She has to get up and care for him and sometimes is up for most of the night. Then she doesn't want to get up for school in the morning. She says then that school is the last thing on her mind.

Karen never goes out to parties or anything like that anymore. She don't have the energy, and she has to take care of the baby. It wouldn't be fair for her mother to have to watch Chris at night too. Her friends came over when she first had the baby, but who wants to hear a baby crying all the time?

Karen wanted to go to college. But she won't be able to. Her parents can't afford to send her to college and support the baby too. She will get a job when she finishes high school and move out with the baby. Karen wanted to be a lawyer. She really has no plans for her future career now.

Figure 3. Age Distribution, 1990 and 2020



The age-sex structure of a population is often studied through the use of population pyramids. The overall shape of the pyramid shows the potential for future growth. The horizontal bars show the numbers of males and females in each age group. The less developed countries (LDCs) have a much younger age profile than the more developed countries (MDCs). The broad base of the LDC profile represents a high level of fertility; even though fertility rates may be declining, there are more births each year. A much older population is profiled in the MDC pyramid; the population is decreasing in size.

Conclusion

The world holds two basic viewpoints on teen parents. Some societies encourage teens to marry and have children; as young adults, they are considered to have the necessary skills to live a productive life. In other societies, young people are expected to take longer to build their life skills; having children early is seen as a threat to a productive life.

In a society with more traditional practices, teen childbearing usually takes place within marriage. Young couples raise children with the support of large family groups. Early childbearing may have negative health implications for the mother and child. It may affect the demographic make-up of the area and the world. It may also be seen by outsiders as reducing the potential of the teen parents. But in these societies, teen childbearing itself is not usually seen as a problem.

In some countries, teenage

pregnancy may once have been encouraged. It is now discouraged. The shift in views is due to economic and social changes. In an agricultural economy early childbearing and large families are the norm. However, in a more industrialized society increased education and job opportunities are more important for women's financial futures than bearing large families.

In developed societies teen parents are usually not married. Teen childbearing may also have negative health implications for the mother and child. It may affect the demographic make-up of the area. But it is also viewed as a problem because it affects the young parents' and their children's chances of having a "successful" life.

In the sections above, the issues of education, occupation, and income are addressed. Teenage parents, in a more industrial area, are a segment of the population who may be less educated and have lower occupational status than average. They may hold jobs which are not satisfying. They may feel that they are unable to change their situation. They may end up living much of their lives in poverty.

Nancy P. Alexander

Children benefit from regular contact with both parents.

Their children are also likely to live in poverty. In addition, as shown earlier, these children are likely to have greater health, social, and development problems than other children. And they will be more likely than their peers to have children as teenagers. Because of this, they too are likely to live in poverty.

Many societies end up shouldering the economic burden of teenage parents and their children. Some societies provide health care, food, and direct financial assistance; some also end up supporting neglected or abandoned children in orphanages and foster care. Societies also lose possible contributions to the economy and tax base from these citizens. In addition, parents and children may not reach their full human potential. This is both an individual and societal loss.

Case Study 4.

Success Story

"...I was disappointed when I got pregnant at the age of 16 and had to discontinue my education.

"Relatives and friends were angry with me and I was angry with myself. My only source of assurance and strength was my baby's father, who though he was regretful about what had happened to me, convinced me that it was not the end of the world.... Following the birth of the child I was encouraged by my baby's father to continue my education...."

"I went to the Women's Centre in March 1983, confident that they would help me to return to school. I was however a bit disappointed when I was told I was too old for entry...Finally I was accepted...and was a student at the Centre for four months, while my child was cared for in the nursery.

"The Women's Centre was able to provide, to a certain extent, material needs, because while going there I got meals each day and a snack, and a subsidy on my bus fare. They helped me with my emotional needs, by allowing me to see, through counseling, that I can achieve what I want to achieve if I am determined. ... the Centre sent me back into society to achieve my goals when they placed me back in high school and provided boarding facilities.

"I sat at my examinations and was successful. The Centre encouraged me to further my education and so I entered the School of Nursing. I am now in my second year of training and I can see my dreams of becoming a nurse coming through..."

"Also I have learnt that giving a teenager another chance can be very meaningful both for her and also for society."

Excerpted from *Women's Centre Programme for Adolescent Mothers* 10th anniversary special publication, Jamaica, 1988.

Help For Teen Parents

In countries where teenage pregnancy is seen as a problem, programs have been set up to discourage it. Other programs are set up to help teenage parents and their children. These programs are usually designed to get teen parents back into the mainstream of society. They work to help young parents (particularly mothers) continue their education or learn job skills. When young parents can work, they are no longer dependent on society or their family for support.

In Nigeria, the YWCA provides education, training, counseling, and housing for married and unmarried teenage mothers . The National Council of Women Societies (NCWS) in Nigeria teaches skills such as dyeing, dress making, and cookery to teen drop-outs. The NCWS is also working on a program to improve the health of married teenage mothers who suffer infections of the uterus. These infections are a result of early pregnancy.

The Women's Centre in Jamaica also has a program to provide services to adolescent mothers. Some of the services include: continued academic and skill training; counseling for the young mothers, parents, and fathers; day care; meals; transportation; and other economic support. According to the Centre, "Special efforts are made to meet the needs of those with special problems, be they economic, domestic or psychological. The young mothers are left free therefore to concentrate on their academic pursuits or skill training and the development of the self in preparation for becoming mature, responsible adults."

In the United States, some schools have set up nurseries to accommodate young mothers' babies and to allow mothers to continue their education. The New Futures School in Albuquerque is one. It offers counseling, health care, and courses in child care and child development, as well as the regular academic offerings. Teenage mothers attending such programs usually have a better chance of completing high school, attending college or vocational school, finding employment, and avoiding welfare dependency.

Other programs in the United States are beginning to focus on teen fathers. Studies have found that children raised in single mother households benefit from having regular contact with their fathers. However, teen fathers often have low self esteem because they may be unable to find work and improve future chances. The Teen Father Collaboration program was designed to help fathers assist with their children's social, emotional, and financial well-being. The project provided classes in parenting, vocational training, tutoring, individual and group counseling, and other services.

Glossary

Anemia. The lack of hemoglobin (red pigment) in the blood. Anemia causes severe fatigue and loss of appetite.

Birth Rate. Defined here as number of births per hundred teenage women.

Demography. The scientific study of human populations, including their size, composition, distribution, density, growth, and other socioeconomic characteristics, and the causes and consequences of changes in these factors.

Developed (or More Developed) Countries. Those countries which have higher levels of per capita income, industrialization and modernization. The "more developed" region of the world, according to the United Nations, includes all of Europe, Canada, the United States, Australia, Japan, New Zealand, and the USSR.

Developing Countries (or Less Developed). Those countries which have lower levels of per capita income and modernization.

Infant Mortality Rate. The number of deaths to infants under one year of age per 1,000 live births in a given year.

Low Birth Weight. A child weighing less than 2,500 grams (5 pounds, 8 ounces) at the time of birth.

Mortality. The proportion of deaths in a specified portion of the population.

Maternal Mortality. Death as a result of complications in pregnancy, confinement, and delivery.

Out-of-Wedlock Childbearing. The act of having a child when unmarried.

Premature. An infant that is born before the normal nine-month term of pregnancy elapses.

Prenatal Care. The giving of proper medical attention to the health of the fetus and the mother as soon as pregnancy is suspected.

Puberty. The period during which an individual becomes physiologically capable of reproduction, typically marked in girls by the first occurrence of menstruation.

Rate of Population Growth. The rate at which a population is increasing (or decreasing) in a given year due to natural increase (births minus deaths) and net migration (immigration minus emigration), expressed as a percentage of the base population.

Stillborn. An infant that is born dead.

Toxemia. Blood poisoning.

Total Fertility Rate (TFR). The average number of children that would be born to a woman if she were to live through her childbearing lifetime bearing children at the same rate as women at those ages actually did in a given year.

Urban Population. The percentage of total population living in areas termed urban by that country.

Teen Parents: A Review

Part I. Short Answer

Using the information in the essay, charts, and tables, answer the following questions.

1. Are teenage birth rates increasing or declining in most countries? Use specific examples to support your answer.

2. What are the similarities and differences in the educational experiences of the teens in Case Studies 2, 3, and 4? How much education do you think the women in Case Study 1 had?

3. Why does the process of carrying and delivering a child have more potentially dangerous health implications for a teenager than a woman in her 20s?

4. What are the risks to the infants born to teenagers?

5. How might an area's population be affected when childbearing traditionally begins in the teenage years? How would it be different from an area where childbearing generally begins when women are in their mid-twenties?

6. Are there likely to be more or less teenagers in the world by 2020? If the proportion of teens having children remains the same, will there be greater or fewer teen parents?

7. What are some of the traits of a successful teen parent assistance program?

Part II. Additional Exercises

Complete the following activities as a homework assignment.

1. How do the expectations for teenagers differ from society to society? Do you see differences in expectations in your society/neighborhood/school? What were the expectations for your parents when they were teens? Your grandparents?

2. Write two very short stories (1-2 paragraphs). One should be about a teenage parent in a developed country and the other about a teenage parent in a developing country. The parents may be married or unmarried. Consider writing about a teen father.

3. Create a timeline highlighting points in a teen parent's life (e.g., additional children, family life, jobs, education, child's education, etc.). Use the information from the reading and hypotheses about the future of this teen parent to fill in the events on the timeline.

Research and Discussion

1. What has contributed to the declining teenage birth rate?

2. Why do you suppose that the birth rates for teens have actually increased in some countries?

3. Discuss the impact that negative or positive reinforcement (from family and the community) might have on the teen parent's and child's development and growth.

4. How does the type of economy (agricultural vs. industrial) contribute to societal attitudes?

5. Examine Figure 2. If these two families were real, how would the communities in which they lived have to adapt from Year 1 to Year 100 to meet their needs? (Consider: health care, schools, stores, etc.)

6. Find out about other programs designed to help teenage parents. Describe one. Do you think that it is effective? Why or why not?

7. Find some statistics on teenage birth rates in your city, county, or state (see inside back cover for possible sources). Compare these to those in the essay and on the data sheet.

8. Why do you think a government would raise or lower the minimum legal age at marriage? Research the reasons behind and effectiveness of China's change in their legal age of marriage.

Using the Data Sheet

Use the data and charts on the *Teen Mothers: Global Patterns* data sheet to complete the following exercises. Calculators may be used where appropriate.

Part I. Facts and Figures

1. The population aged 10-19 in most Less Developed Countries is projected to **increase/decrease** (circle one) between 1990 and 2025. It is projected to **increase/decrease** (circle one) in most More Developed Countries.

2. Which country has the greatest proportion of the population aged 10-19? _____ What is the percentage? _____ Which country has the lowest proportion in that age group? _____ What is the percentage? _____

3. Calculate the percentage of women aged 15-19 who live in Less Developed Countries in 1990? _____ In 2025? _____

4. Which country has the largest proportion of women under age 20 who have had a birth? _____ Which country has the lowest proportion of births among this age group? _____

5. Which country has the greatest proportion of married women aged 15-19? _____ What proportion are married? _____

6. The total fertility rate (TFR) is the average number of children women would have if they maintained the current level of childbearing throughout their reproductive years. Which country has the highest TFR and what is it? _____ _____ Which country has the lowest TFR and what is it? _____ _____

Part II. Graphing

Set A.

1. Choose 9 countries. (Make sure that the countries you choose have values for "Percent of women aged 15-19 giving birth each year.") Of these 9, choose 3 with low fertility (total fertility rates or TFRs less than 3), 3 countries with moderate fertility (TFRs of 3-4.9), and 3 countries with high fertility (TFRs of 5 or greater).

2. For each level of fertility (low, moderate, and high), draw a bar graph showing the percentage of women under age 20 giving birth for each of the 3 countries.

3. Compare the three graphs. Describe any differences you notice between the three groups.

Set B.

1. Repeat step 1 above, except use "percent women married ages 15-19."

2. For each level of fertility, draw a bar graph showing the percentage of women married aged 15-19 for each country.

3. Compare the three graphs. Describe any differences you notice between the three groups.

4. Compare the two sets of graphs. How are they similar? What conclusions may be drawn from your observations?

Notes

For Further Reading and Research

From the Population Reference Bureau

The 1989 World Population Data Sheet, by Carl Haub and Mary Mederios Kent. 1989, Population Reference Bureau, 777 14th Street N.W., Suite 800, Washington, DC 20005. Wall Chart, $3.00 plus $1.00 shipping/handling (bulk rates available).

Fifteen columns of population, development, and resource data for the world, its major regions, and 176 countries.

Adolescent Fertility: Worldwide Concerns, by Judith Senderowitz and John M. Paxman. *Population Bulletin*, Vol. 40, No. 2 (April 1985), Population Reference Bureau (address above). 51 pp. $7.00 plus $1.00 shipping/handling.

A review of the dimensions, problems, and programs being mounted worldwide to address the implications of adolescent fertility. This *Bulletin* outlines the concern over the adverse health, social, economic, and demographic effects of early childbearing.

Other Resources

Books

Children Having Children: Global Perspectives on Teenage Pregnancy, edited by Gary E. McCuen. GEM Publications Inc., 411 Mallalieu Drive, Hudson, WI 54016. 1988, 210 pp. Hardback $12.95.

Children Having Children is part of the IDEAS in CONFLICT series, which presents counterpoints, debates, opinions, commentary, and analysis on a variety of topics for use in libraries and classrooms. This book has sections on Global Perspectives on Adolescent Pregnancy, Preventing Teenage Pregnancy, Pregnancy Among Black Teenagers, Teenage Pregnancy: Ideas in Conflict, and Adolescent Pregnancy in Developed Nations. The selections in each section come from books, magazine articles, and reports from all over the world. It also contains an appendix and a bibliography.

Teenage Pregnancy, by Cathryn Jakobson. *The THINK Series*. Walker and Company, 720 Fifth Avenue, New York, NY, 10019. 1988, 107 pp. Paperback $5.95.

A presentation of the issues concerning teenage pregnancy in the United States. This book combines statistics with human stories to illustrate the social problems and highlight the psychological dimensions surrounding teenage sexuality and pregnancy. A glossary and bibliography are included.

Data Sources

County and City Data Book, 1988, by the U.S. Bureau of the Census, U.S. Government Printing Office, Washington, DC, 1988 (see section C). Diskettes available, contact: Customer Services, Bureau of the Census, Washington, DC 20233.

Vital Statistics of the United States, 1985: Volume I, Natality, by the National Center for Health Sttistics (NCHS), U.S. Government Printing Office, Washington, DC, 1988.

Facts at a Glance, by K.A. Moore. Annual fact sheet on adolescent pregnancy and parenthood in the United States. 1988 version, 88-03 (1987, 1986 versions also available). Child Trends, Inc., 2100 M Street, N.W., Washington, DC 20037. $1.00. Data Diskettes also available. Write for more information.

Magazine and Newspaper Articles

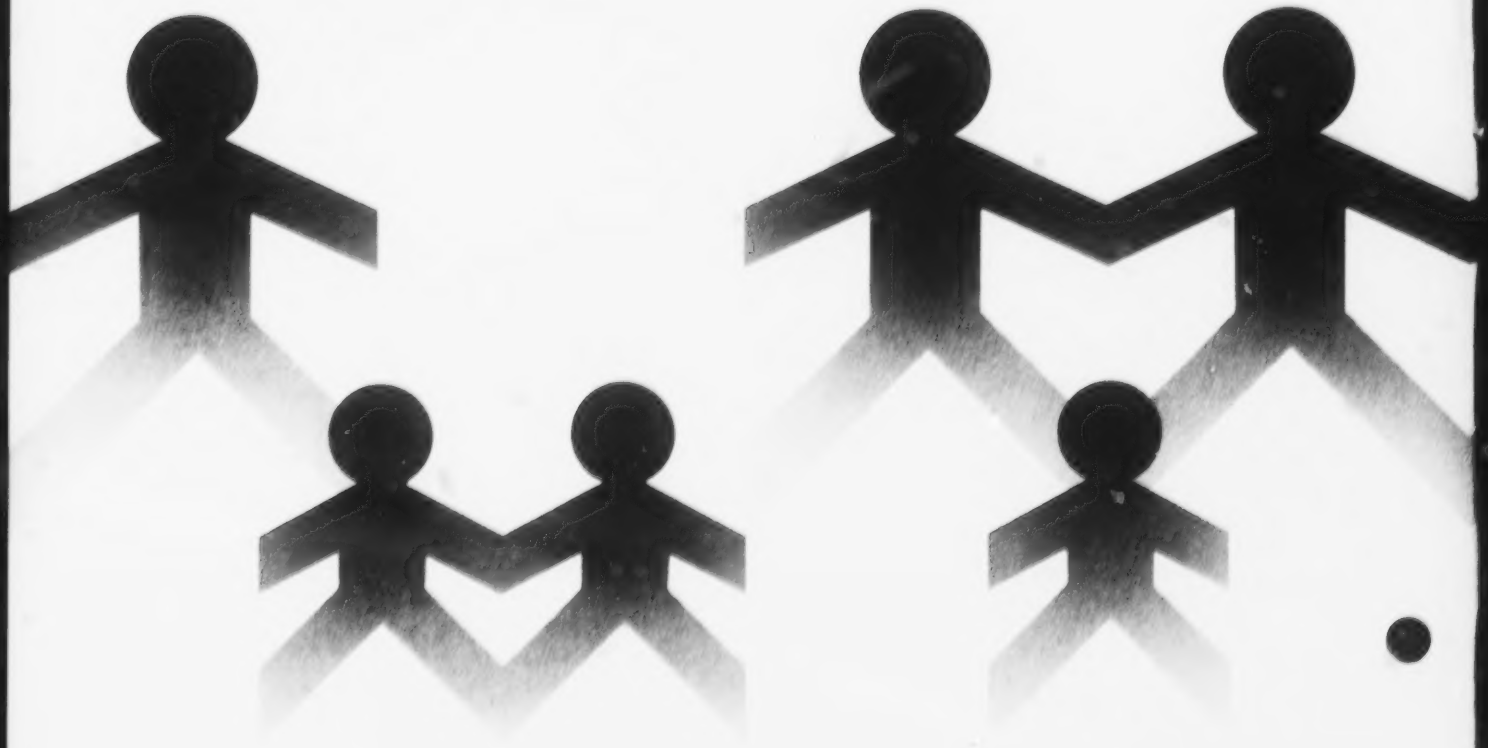
"Children Having Children," *Time*, December 9, 1985, pp. 78-82, 84, 87, 89, 90.

"Help for Children with Children." *Christian Science Monitor*, May 26, 1988, p. 23.

"Am I Old Enough To Be a Parent?" *Redbook*, May 1987.

"Teenage Fathers," *Psychology Today*, December 1985, pp. 68-70.

"Teenage Pregnancy: The Dimensions of the Problem," *New Perspectives*, Vol. 17, Summer 1985. Order from Child Trends, Inc., (address above) 85-05, $1.20.



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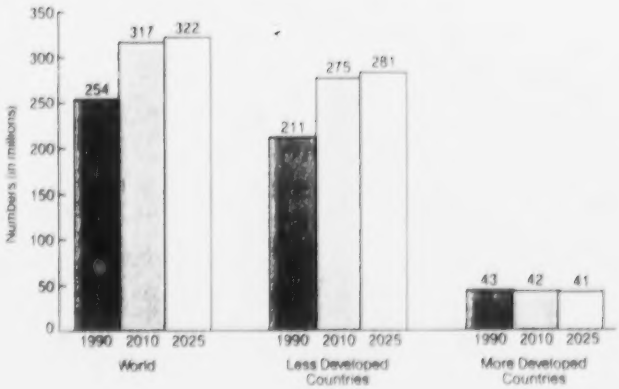
Teen Mothers: *Global Patterns*

Females Aged 15-19: World, Less Developed, and More Developed Countries, 1990, 2010, 2025

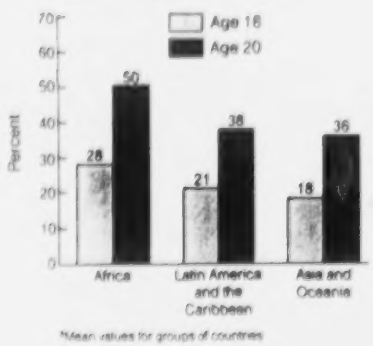
An indicator of the potential fertility in the future is the increase in the number of women ages 15-19. For 1990, projections show just over a quarter of a billion (253 million) women aged 15-19. Eighty-three percent will live in less developed countries. Numbers of women aged 15-19 in more developed countries are projected to decline.



Marriage and Childbearing in Less Developed Countries

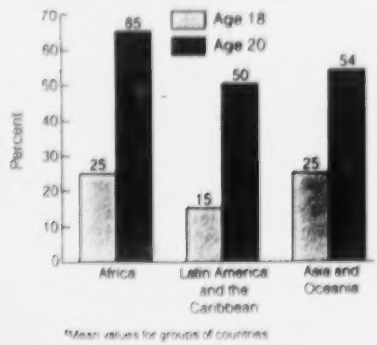
The onset of marriage and parental responsibility comes early to many women in less developed countries. Although birth rates have declined in Asia and Latin America, teenage childbearing remains quite high. Thirteen percent of women in the United States have borne children by age 20.

Percentage of women married by ages 16 and 20[a]



[a]Mean values for groups of countries

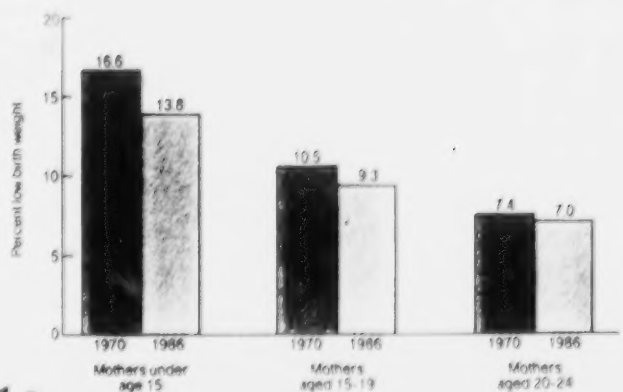
Percentage of women who have given birth by ages 18 and 20[a]



[a]Mean values for groups of countries

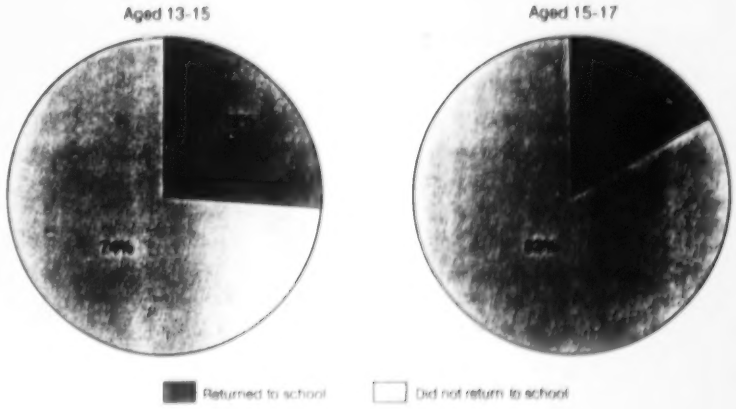
Low Birth Weight Babies, United States

Babies born to women under age 20 are more likely to have low birth weights (under 5½ pounds) than babies born to women in their twenties. As the chart shows, the risk is even greater for babies born to women under age 15.



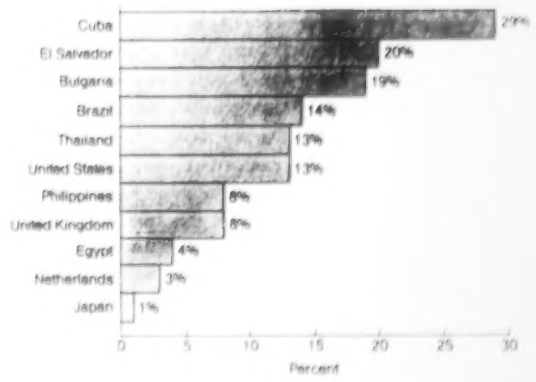
Mothers Returning to School After Giving Birth, Jamaica

Many young women drop out of school when they become pregnant and fail to return after giving birth. A survey conducted in Jamaica examined schooling patterns among young mothers. Among mothers aged 13-15, 80 percent were enrolled in school when they became pregnant. Only 26 percent of these women returned to school after the birth of their child. Among the older mothers, aged 15-17, only 17 percent of those who had been in school returned.



Percent of All Births to Women Under Age 20: Selected Countries

In most countries the proportion of all births that are to teenagers is declining. In developing countries, the range is from 4 percent in Egypt to 29 percent in Cuba. Among developed countries Japan is lowest, at 1 percent, and Bulgaria is highest, at 19 percent.



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Suite 800
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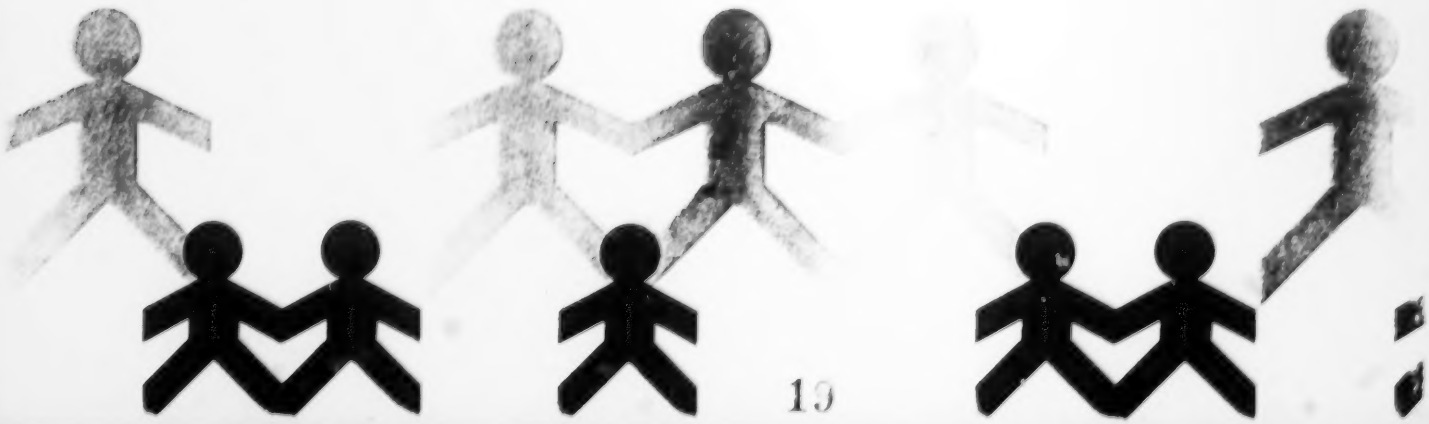

Region or Country	Total Population Projected, 1990 (Thousands)	Population Ages 10-19 Projected, 1990 (Thousands)	Percent of Population Ages 10-19, 1990	Population Ages 10-19 Projected, 2020 (Thousands)	Percent of Women Under Age 20 Giving Birth Each Year	Percent Women Married, Ages 15-19	Average Number of Children per Woman, Ages 15-49	Legal Age at Marriage (Female/Male)*
WORLD	5,325,000	1,050,000	20	1,315,000	–	–	3.6	–
MORE DEVELOPED	1,215,000	175,000	14	165,000	–	–	1.9	–
LESS DEVELOPED	4,110,000	875,000	21	1,150,000	–	–	4.1	–
AFRICA								
Burundi	5,435	1,151	21	2,774	5	7	6.9	15*/20*
Cameroon	12,146	2,667	22	6,332	17	49	5.9	15/18
Chad	5,672	1,188	21	2,460	17	73	5.3	–/–
Côte d'Ivoire	12,428	2,731	22	6,305	22	49	7.4	18/21
Egypt	54,780	11,688	21	16,979	9	22	5.3	16/18
Ethiopia	49,114	11,332	23	22,995	20	61	6.1	15*/20*
Ghana	14,974	3,467	23	7,177	14	31	6.4	21*/21*
Kenya	24,972	6,025	24	15,383	14	26	8.1	18*/18*
Liberia	2,565	557	22	1,304	18	36	6.6	16/16
Mali	9,173	1,954	21	4,277	20	75	6.7	15/18
Mauritius	1,135	214	19	214	4	13	2.3	15/18
Morocco	26,259	5,636	21	7,634	5	19	4.9	15/18
Mozambique	15,878	3,586	23	8,255	20	52	6.4	–/–
Nigeria	118,271	27,407	23	62,485	13	46	6.6	16*/16*
Senegal	7,601	1,770	23	3,580	16	44	6.4	16/20
Seychelles	68	16	24	16	7	6	3.2	–/–
Tanzania	26,577	5,998	23	14,518	–	–	7.1	15/18
Zaire	35,789	8,152	23	16,896	–	–	6.1	–/–
Zimbabwe	9,949	2,255	23	4,190	11	48	6.5	–/–
ASIA								
Bangladesh	117,941	27,897	24	42,838	26	69	5.8	18/22
China	1,117,317	218,978	20	201,582	1	4	2.4	20/22
India	846,056	187,038	22	209,947	9	44	4.3	18/21
Indonesia	188,238	41,941	22	43,996	8	19	3.5	16/19
Japan	123,899	18,579	15	15,266	z	1	1.7	16/18
Korea, South	43,771	8,514	19	8,086	1	2	2.1	16/18
Malaysia	17,523	3,680	21	3,959	3	–	3.9	14/16
Nepal	19,167	4,269	22	7,614	13	59	6.0	16/18
Pakistan	112,908	25,520	23	48,654	6	31	6.5	16/21
Philippines	66,705	14,448	22	17,577	5	7	4.6	14/16
Sri Lanka	17,124	3,465	20	3,615	4	7	2.5	16*/18*
Syria	12,545	2,952	24	5,423	12	27	6.8	–/–
Taiwan	20,707	3,758	18	3,880	3	5	1.7	–/–
Thailand	56,305	12,360	22	12,224	5	17	2.7	17/17
Turkey	55,967	11,633	21	13,512	21	17	3.7	15/17
NORTH AMERICA								
Canada	26,621	3,649	14	3,375	2	7	1.7	16*/16*
United States	250,672	33,483	13	33,984	5	5	1.9	17*/18*

LATIN AMERICA								
Argentina	32,686	5,986	18	6,264	8	10	3.1	14/16
Brazil	150,190	31,209	21	37,249	8	15	3.4	16/18
Chile	13,169	2,410	18	2,409	6	9	2.4	12/14
Cuba	10,600	1,823	17	1,560	9	29	1.8	18/18
Dominican Republic	7,180	1,596	22	1,943	–	28	3.8	15/16
Ecuador	10,682	2,439	23	3,262	9	19	4.3	12/14
El Salvador	5,269	1,372	26	1,668	15	30	4.4	14/16
Guatemala	9,209	2,203	24	3,727	5	13	5.6	14/16
Honduras	5,156	1,235	24	1,991	12	29	5.5	12/14
Jamaica	2,500	549	22	531	11	31	2.8	16/16
Mexico	87,279	21,368	24	23,270	8	32	3.8	14/16
Peru	21,706	4,861	22	6,098	8	13	4.4	14/16
Puerto Rico	3,452	636	18	600	8	17	2.2	16/18
Trinidad and Tobago	1,273	244	19	258	8	25	3.1	14*/18*
EUROPE								
Austria	7,663	934	12	751	3	4	1.4	16/18
Bulgaria	9,054	1,325	15	1,213	8	–	2.0	18/18
Finland	5,000	623	12	550	1	2	1.6	17/18
France	56,269	7,902	14	7,207	1	5	1.8	15/18
Germany, East	16,627	2,041	12	1,887	4	5	1.7	18/18
Germany, West	60,466	6,252	10	4,903	1	4	1.4	16/16
Greece	10,105	1,423	14	1,270	4	14	1.6	18/18
Hungary	10,583	1,622	15	1,248	5	16	1.8	14/16
Italy	57,950	8,005	14	5,855	2	5	1.3	16/16
Netherlands	14,978	1,948	13	1,567	1	3	1.6	16/18
Portugal	10,434	1,671	16	1,348	3	9	1.6	14/16
Romania	23,235	3,866	17	3,576	6	16	2.3	16/18
Spain	39,373	6,404	16	5,207	2	6	1.5	12/14
Sweden	8,567	1,052	12	907	1	1	1.9	18/18
United Kingdom	57,405	7,313	13	6,806	3	5	1.8	16/16
USSR	290,977	44,133	15	48,807	4	10	2.5	18/18
OCEANIA								
Australia	18,148	2,612	14	2,541	3	4	1.9	16/18
New Zealand	3,400	538	16	501	4	7	2.0	16/16

Figures shown represent most recent information available at the time of publication. Data or estimates over ten years old are italicized. Generally, data in the tables and figures are from the publications of the Population and Human Resources Department of the World Bank, the Population Division of the United Nations, the United Nations Demographic Yearbook, estimates prepared by the U.S. Bureau of the Census, PRB projections, major fertility surveys, Child Trends, and special studies.

a. The *average number of children per woman*, or total fertility rate, is the average number of children born to a woman during her lifetime.
b. The figures refer to the minimum age at marriage with parental consent.

*The legal age may be lower in some areas of the country.
A (z) indicates that a statistic rounds to zero.
A dash (–) indicates data or estimate not available.

Prepared by Kimberly A. Crews and Carl Haub.
Production assistance provided by Tracey A. Smith and Martha Herr. Design by Mannie Tobie. Graphics by Type & Graphics, Inc.

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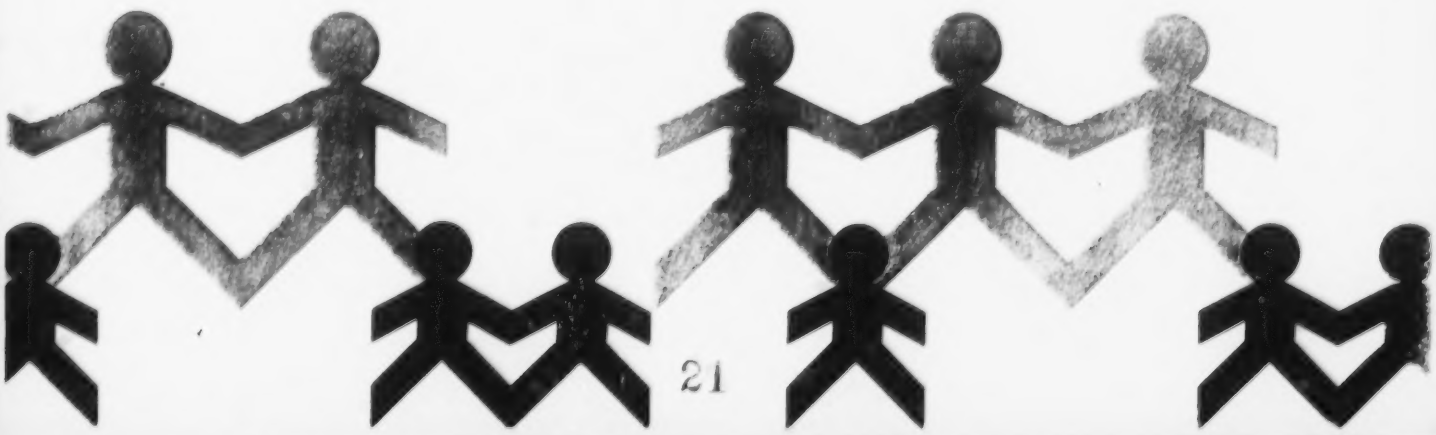
June 1989



Teacher's Guide to Teenage Parents: A Global Perspective

Overview

Teenage childbearing and parenting have climbed to the list of major concerns in the United States and around the world in recent decades. The purpose of these materials is to give students an overview of the health, social, psychological, economic, and demographic effects of teenage childbearing and subsequent parenting, worldwide. The students will view this issue through a global framework, compare the United States to other countries, and develop analytic skills.

Grade Level/Subject Area

Junior High – High School/ Home-Economics, Social Studies, Health, Global Studies, Family Life Education

Time Needed

Approximately 1/2 to 1 hour is needed to read *Teenage Parents: A Global Perspective*. Part A of "Teen Parents: A Review" requires 1/2 to 1 hour. Part B will require extra time and perhaps additional research; teachers may wish to assign this section as homework. The "Research and Discussion" section requires additional reading and research; these questions could be used for extra credit, reports, or debate (additional sources for reading and research are listed on the inside back cover). The time needed for Part I of "Using the Data Sheet" is 15-30 minutes; Part II requires 1-1 1/2 hours.

Materials

The essay *Teen Parents: A Global Perspective* contains pre-reading questions, case studies, a glossary, three worksheets with perforated edges for easy removal, and a list of books and other publications for additional research and reference. (Teachers may order classroom sets of the reading—ordering information appears on the reverse side of this guide—or photocopy it for their students.) Students will need access to the wall-size data poster, *Teen Mothers: Global Patterns*, to complete the worksheet "Using the Data Sheet." (The poster serves as an attractive wall piece as well as a learning tool for students.)

Objectives

By completing the reading and worksheets, students should be able to

- describe the global patterns of teenage childbearing;
- identify the health, economic, social, psychological, educational, occupational, and demographic implications of teen childbearing for different regions;
- define some basic demographic, health, and development terms;
- describe the expectations for youth in different cultures;
- describe programs designed to assist teen parents and discuss the merits of these programs;
- use graphs, charts, and tables to analyze demographic trends; and
- relate global patterns and concerns about teenage childbearing to those in their neighborhoods.

Introductory Activity

After introducing the topic of teenage parenting, pull out a large world map. Have the students identify the major regions of the world. Discuss the terms "more developed" (also called developed) and "less developed" (or developing) and identify the world regions that fall into each group (for definitions, see page 8 of *Teenage Parents: A Global Perspective*).

Case studies in the student reading are set in India, Nigeria, Jamaica, and the United States. Have students locate these countries on the map. Discuss some of the characteristics of these countries. Discuss the following questions with your students:

1) In which regions of the world do you think teenagers marry at young ages?

2) Where are teenage parents more common?

3) Which countries have higher teenage birth rates than the United States? Which countries have lower teenage birth rates?

Answers To Activities

"Teen Parents: A Review"

1. Teenage births rates are declining in most, but not all countries. Examples from Table 1.

2. All of the mothers dropped out of school at some time; some were able to return, others did not. The mother from Nigeria probably attended junior high school, dropped out and never returned. The mothers from the U.S. were in high school; both dropped out, one returned. The woman from Jamaica was in high school when she had her child, returned after the birth, and is attending Nursing school. The Indian women probably had a primary school education.

3. Teenage women may not be fully developed physically. They often fail to get proper prenatal care.

4. Risks to infants born to teenage mothers include low birth weight, prematurity, mental retardation, cerebral palsy, epilepsy, and a greater chance of dying during infancy.

5. Often, mothers who begin childbearing in their teens have more children than women who have their first child at a later age. Also, children of teen mothers are more likely to become parents as teenagers. As a result, these families could have more children in a shorter period of time, thus creating larger numbers for society.

6. There are likely to be more teenagers in the world in 2020. Most of the growth will come from less developed countries. If the proportion of teens having children remains the same, there will be more teen parents.

7. Some traits of successful programs designed to assist teen parents: a) help parents stay in school; b) teach parents job skills; c) provide financial assistance and babysitting while the parent attends school; and d) provide counseling.

(Continued)

"Using the Data Sheet"

1. increase; decrease
2. El Salvador (26%); West Germany (10%)
3. 83%; 87%
4. Bangladesh; Japan
5. Mali (75%)
6. Kenya (8.1); Italy (1.3)

Audiovisuals

Children of Children, 1988, 30 minutes, VHS. Coronet/MTI Film and Video, Inc., 108 Wilmot Road, Deerfield, IL 60015. $450.00. Also available for rental from the Population Reference Bureau (write for catalog).

In this excellent discussion of teenage pregnancy, teenage parents frankly discuss the reasons for so many teen pregnancies, reasons for avoiding pregnancy, and their feelings about their lives after the births of their children. This program reviews misconceptions about pregnancy and birth control, and parent-teen communication about sex. It concludes with an examination of community programs working to curb teenage pregnancy. (Appropriate for high school.)

Consequences, 1988, 54 minutes, 16mm film and video (all formats). Available in English and French (dubbed). Development through Self-Reliance, Inc. P.O. Box 281, 9527 Good Lion Road, Columbia, MD 21045. 16mm film — US $650, VHS US $500, Rental US $75 per week.

Consequences is a film about teenage pregnancy in Africa. In a dramatic fashion, it tells the story of Rita and her boyfriend Richard, both students in secondary school in urban Africa. The films shows the couple's hopes and plans for their future as university students shattered when Rita discovers that she is pregnant. Rita and Richard are expelled from school and she is banished from her home in shame. She bears the child and shoulders the responsibility of becoming a single parent.

The story shows how Rita's life changes as she finds employment and provides for herself and her child. It shows what happens to her old friendships and how she copes with her new life.

Consequences is an entertaining film with a serious message. It was written and produced in Harare, Zimbabwe and filmed with a local cast and crew. (Appropriate for junior high and high school.)

Four Pregnant Teenagers: Four Different Decisions, 1981, 52 minutes, VHS, teacher's guide. Sunburst Communications, 101 Castleton Street, Pleasantville, NY 10570-9971. $239.00.

Four vignettes dramatize the difficult decisions faced by unwed, pregnant teenagers. Viewers are forced to weigh the emotional, ethical, and financial problems involved in the four options available to the pregnant teenager: adoption, marriage, single parenthood, abortion. The scenes in the film are believable and include realistic confrontations between parents and teens. (Appropriate for high school.)

His Baby, Too: Problems of Teenage Pregnancy, 1980, 40 minutes, VHS, teacher's guide. Sunburst Communications (see address above). $165.00.

This program focuses on the often ignored rights and responsibilities of the young father-to-be as well as his legal and moral obligations. The first of this 3-part program introduces a teenage couple faced with an unwanted pregnancy; it deals with the importance of including all concerned parties in the decision-making process. Part 2 focuses on the unwed father as it outlines the choices available to couples facing an unwanted pregnancy. Part 3 considers the options available to couples when the young woman has the baby.

The program is presented in a manner that allows the viewers to examine the choices available to the teens in the story. These choices are presented with questions which encourage viewers to analyze the advantages and disadvantages of the possible choices. (Appropriate for high school.)

Real People...Meet A Teenage Mother, 1988, 18 minutes, VHS, teacher's guide. Sunburst Communications (see address above). $139.00.

This is the real story of 17-year-old Lauri, who became a mother at 15. Lauri discusses the reasons she kept her child, her relationship with the baby's father, and the problems of being a mother and a teenager. There are interviews with her parents, who are supporting Lauri and her child. An interview with Lauri's close friend highlights the differences between Lauri's life and those of her carefree peers. (Appropriate for junior high and high school.)

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